



# Food Establishment Inspection Report

Pursuant to Title 25-A of the District of Columbia Municipal Regulations



Health Regulation and Licensing Administration • Food Safety & Hygiene Inspection Services Division • 899 North Capitol Street, NE • Washington, DC 20002

http://doh.dc.gov/service/food-safety email: food.safety@dc.gov

Establishment Name HHS CAFETERIA

Address 200 INDEPENDENCE AVE SW

City/State/Zip Code Washington, DC 20002

Telephone (202) 205-5508 E-mail address doris.cardenas@hhs.gov

Date of Inspection 12 / 29 / 2015 Time In 12 : 40 PM Time Out 01 : 50 PM

License Holder Corporate Chefs Inc

License/Customer No. 09313xxx-70110220

License Period 12 / 01 / 2014 - 11 / 30 / 2016 Type of Inspection Routine

Establishment Type Restaurant Total Risk Category 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Priority Violations	4	COS	1	R	0
Priority Foundation Violations	6	COS	1	R	0
Core Violations	1	COS	0	R	0

Certified Food Protection Manager (CFPM)

CFPM #: \_\_\_\_\_

CFPM Expiration Date:   /  /  

D.C. licensed trash or solid waste contractor:  
Building

D.C. licensed sewage & liquid waste transport contractor:  
Valley Proteins

D.C. licensed pesticide operator/contractor:  
Building

D.C. licensed ventilation hood system cleaning contractor:  
Pritz Enterprises, Inc.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
Compliance Status			COS	R		
			Supervision			
IN	OUT		1. Person in charge present, demonstrates knowledge, and performs duties		<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT		2. Certified Food Protection Manager		<input type="checkbox"/>	<input type="checkbox"/>
			Employee Health			
IN	OUT		3. Management, food employee, and conditional employee; knowledge, responsibilities, and reporting		<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT		4. Proper use of restriction and exclusion		<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT		5. Procedures for responding to vomiting and diarrheal events		<input type="checkbox"/>	<input type="checkbox"/>
			Good Hygienic Practices			
IN	OUT	N/O	6. Proper eating, tasting, drinking, or tobacco use		<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/O	7. No discharge from eyes, nose, and mouth		<input type="checkbox"/>	<input type="checkbox"/>
			Control of Hands as a Vehicle of Contamination			
IN	OUT	N/O	8. Hands clean and properly washed		<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	9. No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT			10. Adequate handwashing sinks properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>
			Approved Source			
IN	OUT			11. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	12. Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT			13. Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	14. Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
			Protection from Contamination			
IN	OUT	N/A		15. Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A		16. Food-contact surfaces: cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT			17. Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
			Potentially Hazardous Food (Time/Temperature Control for Safety Food)			
IN	OUT	N/A	N/O	18. Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	19. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	20. Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	21. Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A		22. Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	23. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	24. Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>
			Consumer Advisory			
IN	OUT	N/A		25. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>
			Highly Susceptible Populations			
IN	OUT	N/A		26. Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
			Chemical			
IN	OUT	N/A		27. Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A		28. Toxic substances properly identified, stored, and used	<input type="checkbox"/>	<input type="checkbox"/>
			Conformance with Approved Procedures			
IN	OUT	N/A		29. Compliance with variance, specialized process, and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES				
Compliance Status			COS	R
		Safe Food and Water		
IN	OUT N/A	30. Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	31. Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT N/A	32. Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
		Food Temperature Control		
IN	OUT	33. Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT N/A N/O	34. Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT N/A N/O	35. Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	36. Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>
		Food Identification		
IN	OUT	37. Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>
		Prevention of Food Contamination		
IN	OUT	38. Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	39. Contamination prevented during food preparation, storage, and display	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT N/A	40. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	41. Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT N/A N/O	42. Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
		Proper Use of Utensils		
IN	OUT	43. In-use utensils; properly stored	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	44. Utensils, equipment and linens: properly stored, dried, and handled	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	45. Single-use/single-service articles; properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT N/A	46. Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
		Utensils, Equipment, and Vending		
IN	OUT	47. Food and nonfood-contact surfaces cleanable; properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	48. Warewashing facilities; installed, maintained, and used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	49. Nonfood-contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
		Physical Facilities		
IN	OUT	50. Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	51. Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	52. Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	53. Toilet facilities; properly constructed, supplied, and cleaned	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	54. Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	55. Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	56. Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>

IN = in compliance  
N/A = not applicable

OUT = not in compliance  
COS = corrected on-site

N/O = not observed  
R = repeat violation

Inspector (Signature)	Jaime Hernandez (Print)	607 Badge #	12/29/2015 Date
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